

CONTROLLING DDS/OL/SD 40

6 XXXXX&amp;X STAT

PREPARE IN DUPLICATE

## REPORT'S INVENTORY

2. TYPE OF REPORT	X STATISTICAL
	NARRATIVE
	MACHINE-NAME LISTING

1. TITLE OF REPORT (if a fill-in report include Form No.)

Imprest Fund Report (Form 1159 and Form 282)

3. FUNCTIONAL AREA	PERSONNEL LOGISTICS MEDICAL	TRAINING SECURITY FINANCE	ADMIN. GENERAL OTHER (specify)
4. NO. OF COPIES PREPARED 2 - Form 1159 4 - Form 282	5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly		6. DISTRIBUTION (No. of components, not number of copies) 4
7. FORMAT (memorandum, form computer print-out, etc.) Form	8. ADP PROCESSING X YES NO	9. DIRECTIVE AUTHORITY REQUIRING REPORT HHB	STAT
10. PREPARING COMPONENT (include lowest level contributing information to report) Office of Director Special Projects	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) none		

## 12. COST FACTORS

## A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-7	4.93	X	4	=	19.72	X	12	=	236.64

## B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR									\$236.64

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Required to account for imprest fund.

## 14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

X	RETAIN AS IS	OTHER (explain)
	CHANGE	
	DISCONTINUE	

ESTIMATED SAVINGS
MAN-HOURS
DOLLARS

15. DATE OF INVENTORY

INFORMATION

16. EXTENSION

6 October 1970